

## **Diabetes Tool Box Forms**

This section contains forms and other references to help the learner manage diabetes

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This educational material was developed using information from the following sources: The American Diabetes Association, The American Association of Diabetes Educators, The American Dietetic Association, and the American Association of Clinical Endocrinologists. As with any medical information, this is not to take the place of your provider's recommendations. Be sure to consult your healthcare provider regarding your individual diabetes treatment plan.

## My Check List to Manage My Diabetes

<b>Diabetic self care:</b>	✓
Do you know your blood sugar goals?	
Are you eating every 4-6 hours, either a snack or meal?	
Do you get regular exercise at least 30 to 60 minutes each day?	
Are you getting adequate rest?	
Do you check your feet daily?	
Have you decreased the stress in your life?	
Do you know what to do when your blood sugars are too low?	
Do you know what to do when your blood sugars are too high?	
Do you know what to do for days when you are ill?	
Do you know what to do to prepare for a surgery or procedure?	
If you use tobacco, have you considered cutting down or quitting?	
If you drink alcohol, do you follow the recommendations for diabetics?	
Do you report problems with your feet or blood sugars to your doctor or nurse as soon as possible?	
<b>Record keeping:</b>	✓
Do you check your blood sugars and put them in a record?	
Do you check your blood pressure and put it in a record?	
Do you check weight regularly and put it in a record?	
Do you have a list of your current medications?	

## My Checklist for Appointments

	<b>What to bring with you:</b>	✓
	Blood sugar meter	
	Record of blood sugars	
	Blood pressure monitor	
	Record of blood pressures	
	Copy of your medication record	
	List of questions for your provider	
	<b>Ask your doctor about the following:</b>	✓
	Is my diabetic medication plan working?	
	Should I be taking aspirin daily and how much?	
	Should I be taking something for my blood pressure?	
	Should I be taking something to protect my kidneys?	
	Should I be taking something for my cholesterol and triglycerides?	
	Do I need any immunizations: such as flu, pneumonia, and tetanus?	
	When should I get my dilated eye exam?	
	Have you examined and tested my feet for sensation, this year?	
	Do I need a dental exam?	
	Do I need to see a foot doctor?	
	Do I need diabetic shoes?	
	Should I get diabetic socks?	
	Do I need to see other specialists?	
	Have you checked my A1C this year?	
	Have you checked my fasting cholesterol and triglycerides this year?	
	Have you checked my kidneys this year?	
	Have you checked my urine for protein this year?	
	Have you checked my liver this year?	
	Do I need anything to protect my heart?	



## Instructions For Labs And Procedures For Diabetics

### Are there different ways to prepare for a lab test?

Yes. There are two types of preparations for lab tests. There is a fasting lab test and a non-fasting lab test. Be sure you know which kind of preparation you need to do for your lab test.

### What do I do for a fasting test?

1. Eat your last food or beverage (except water) by 10 p.m. the night before your appointment.
2. You may have water to drink at anytime,
3. Bring your diabetes medication (insulin or pills) to take after your blood has been drawn.
4. Unless otherwise advised, take other early morning medicines at the usual time.
5. Bring a sack breakfast or plan to buy breakfast in the canteen and bring back to the area.

### What do I do for a non-fasting lab?

1. Eat and take your medications as usual.
2. Remember the time you finish the last meal or food before the lab is drawn.
3. Remember what food you ate.

### What do I do to prepare for procedures?

1. Ask the person who is setting up the procedure what you need to do about your diabetic medications.
2. This is especially important when you need to fast for the procedure.

**Remember:** Please be in the clinic area by the time your regular appointment is scheduled.

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## My Self-Report Form

Name: \_\_\_\_\_ Today's date: \_\_\_\_\_

Last 4: \_\_\_\_\_ Date of birth: \_\_\_\_\_

You can reach me at my Phone Number: \_\_\_\_\_

1. How am I feeling lately? Do I have any signs of an infection? \_\_\_\_\_

2. Have I have noticed any problems or unusual stress lately and explain? \_\_\_\_\_

3. How have I changed my schedule of eating, exercise, or work? \_\_\_\_\_

4. How often do I skip a meal or snack and which one? \_\_\_\_\_

5. Have I changed the amount of eating or exercise and explain? \_\_\_\_\_

6. At what numbers are my blood sugars supposed to be? \_\_\_\_\_

90-190

110-200

Other:

### Usual amounts and types of food on a typical day

#### Breakfast - time:

This is what I usually eat: \_\_\_\_\_

#### Lunch - time

This is what I usually eat: \_\_\_\_\_

#### Dinner - time

This is what I usually eat: \_\_\_\_\_

#### Snacks - time

This is what I usually eat: \_\_\_\_\_

#### Exercise – time:

This is what I usually do: \_\_\_\_\_

How much and what type of **beverages**: \_\_\_\_\_

How much and what type of **alcohol**: \_\_\_\_\_

How much **tobacco**: \_\_\_\_\_

# My Blood Sugar Record

Name:

Last 4:

## Blood Sugar Numbers

Note times of testing next to blood sugars

Date	Morning	Noon	Evening	Bedtime	Night	Comments Please
How much diabetes medicine did you take?	Morning	Noon	Evening	Bedtime	<b>Please Indicate</b> If you missed any of your medications <b>OR</b> "adjusted" your medications tell us how you did it in the "Comments Please"	

1. What do you think **caused** the **low** readings?

2. What did you do to **treat** the **low** blood sugar readings?

3. What could you have done to **avoid** the **low** blood sugar readings?

4. What do you think may have **caused** the **high** blood sugar readings?

5. What could you have done to **avoid** the **high** blood sugar readings?

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## My Blood Pressure Record

	Time	AM Blood Pressure	Pulse	PM Blood Pressure	Pulse	Comments

Blood Pressure Medications	Medication Dosage	Time Taken	Comments

**Remember:** If you are concerned about any of your numbers and need attention:  
Call the VA Northwest Network Call Center 1-888-233-8305.  
If you want to schedule an appointment with your PCP call: 503-220-3494.  
In an emergency call 911.

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## My Medication List

	Drug/Medication or OTC * Supplements	How I take it	When I take it	Why I take it
Ex	<i>Happy pill 5 mg</i>	<i>2 pills twice daily</i>	<i>6am and 6pm</i>	<i>For my attitude</i>
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				

\* OTC (Over the Counter) items include vitamins, minerals, and herbal products



## My Sick Day Record

How Often	Question	Morning	Evening
Every day	How much do you weigh today?	Weight: _____	Weight: _____
Every evening	How much did you drink today?	# of glasses: _____	
Every morning and every evening	What is your temperature?	AM: _____	PM: _____
Every 4 hours or before every meal	How much diabetic medication did you take?	Time: _____ _____ _____	Dose: _____ _____ _____
Every 4 hours or before every meal	What is your blood sugar?	Time: _____ _____ _____	Blood Sugar: _____ _____ _____
Every 4 – 6 hours	How is your breathing? Other symptoms? Such as abdominal pain, vomiting?	Time: _____ _____ _____	Comment: _____ _____ _____
Every 4 hours or each time you pass urine	What is the level of ketones* in your urine?	Time: _____ _____ _____	Ketone Level _____ _____ _____

\*Ketones are by-products of fat metabolism. The test is generally done by using a urine ketone test strip. This test is generally only needed if you are Type 1

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## Ways to Manage My Diabetes



**Food**



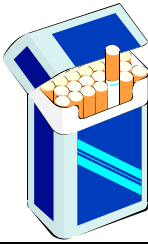
**Activity**



**Foot  
Exams**



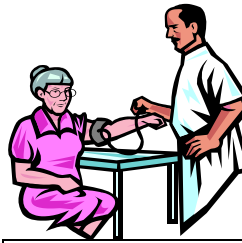
**Check Sugars**



**Smoking**



**Alcohol**



**Check Ups**



**Other  
Things**

These topics are very important to your health. No patients do these perfectly. It's best to work on one at a time. You won't be pushed into changing. Which one do you want to discuss?

**1. My diabetes:**

A1C goal: \_\_\_\_\_ My Lipid goal: \_\_\_\_\_ My BP goal: \_\_\_\_\_

**2. My specific goal is to:**

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**3. The steps I plan to take in changing are:**

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## Ways to Manage My Diabetes, continued

4. **Challenges that might interfere:**

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5. **How I will handle these challenges:**

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6. **I will know my plan is working if:**

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**Remember:** Ask for help to identify some reasonable goals

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## References:

Blood Pressure Recommendations: The new JNC 7\*guidelines recommend 119/79 or lower as optimal. \* New Recommendations from Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure (JNC 7) Express, \*\* HTN (Hypertension another name for high blood pressure) Information can be found on the following website:

<http://www.nhlbi.nih.gov/guidelines/hypertension>

Blood Lipid Recommendations: National Cholesterol Education Program's (NCEP) guidelines. Information can be located at: [www.nhlbi.nih.gov/guidelines/cholesterol/upd-info\\_prof.htm](http://www.nhlbi.nih.gov/guidelines/cholesterol/upd-info_prof.htm)

FDA Dietary Guidelines for Americans 2005. Brochure available at: [www.healthierus.gov/dietaryguidelines](http://www.healthierus.gov/dietaryguidelines).

DASH DIET: <http://www.nhlbi.nih.gov/health/public/heart/hbp/dash/>

Diabetes Dictionary from the National Institute for Diabetes and Digestive and Kidney Diseases a division of the National Institute of Health. <http://diabetes.niddk.nih.gov/dm/pubs/dictionary/index.htm>

The Diabetes Control and Complications Trial (DCCT)

<http://www.bsc.gwu.edu/bsc/studies/dcct.html>

<http://www.bsc.gwu.edu/bsc/studies/dcctbib.html>

The UK Prospective Diabetes Study (UKPDS)

<http://www.dtu.ox.ac.uk/?maindoc=ukpds/>

Diabetes Prevention Study (DPS)

<http://content.nejm.org/cgi/content/short/344/18/1343>

American Diabetes Association recommendations for Standards of Care for Diabetes [http://care.diabetesjournals.org/content/vol28/suppl\\_1/](http://care.diabetesjournals.org/content/vol28/suppl_1/)

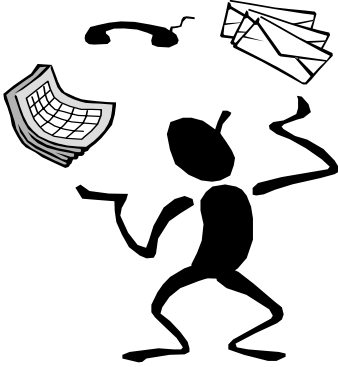
VHA/DOD Diabetes Clinical Practice Guidelines

[http://www.oqp.med.va.gov/cpg/DM/DM\\_base.htm](http://www.oqp.med.va.gov/cpg/DM/DM_base.htm)

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## VA Northwest Network Call Center

**National Toll Free Number: 1 (888) 233-8305**



**24 Hours/Day 7 Days/Week**

Primary Care Open Access scheduling number:

503-220-3494

1-360-696-4061 ext. 53494

1-800-949-1004 ext. 53494

Automated Pharmacy Refill Line

503-273-5201

1-360-696-4061 ext.55201

1-800-949-1004 ext.55201

Portland VA Medical Center

3710 SW US Veterans Hospital Road

PO BOX 1034

Portland, Oregon 97207-1034

503-220-8262

Vancouver: 1-360 696-4061

Outside Portland Metropolitan area: 1-800-949-1004

\*\*\* When you are in for your PCP appointment ask about options for other clinic telephone numbers or fax numbers. Ask your provider about email access through the MyHealthEVet email program